MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009497

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1798

FILED FEB 28 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

DATE AMENDED 2/19/2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
1		
2	2	
3		
4	1	
5	2	
6		
7	1	
8	1	
9		
10		
11		
12	75-0	
13		

75

BY AFFIDAVIT OF DOCUMENT

Babka

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSP. #1. Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St.Louis Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3909a Shenandoah Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARY Middle Lou Last THAXTON

4. DATE OF DEATH: Month 2 Day 17 Year 63

5. SEX: Female

6. COLOR OR RACE: Cau.

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 7-15-1906

9. AGE (last birthday): 56

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Mississippi

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George W. Froshour

13b. MOTHER'S MAIDEN NAME: Alma A. Massey

14. NAME OF HUSBAND OR WIFE: Dero (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.

17. INFORMANT: Indianapolis; Address Indiana) Robert Thaxton 4923 Central

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Small Bowel Fistula (Post Operative)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Colvin Eperitenotion
DUE TO (c): Squamous Cell Ca of Cervix
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 171X

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11 6 62, to 2 17 63 and last saw her/him alive on 2 17 63
Death occurred at 8:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph J. Babka M.D.

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 2 17 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 2-21-63

23c. NAME OF CEMETERY OR CREMATORY: St.Matthews Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS: McLaughlin 2301 Lafayette Ave. St.Louis 4, Missouri

25. DATE RECD. BY LOCAL REG.: FEB 19 1963

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James R. Chapman

Licensed Embalmer No. 4552

P. O. Address [illegible] Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.